| Indicator area | Indicator ID | Indicator definition | Points available (per practice) | Points Available (NI) | Points Achieved (NI) | $\%$ of points achieved |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Asthma (AST) | AST002 | The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or anytime after diagnosis. | 15 | 4,680 | 4,473 | 95.57\% |
| Asthma (AST) | AST003 | The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 15 months that includes an assessment of asthma control using the 3 RCP questions. | 20 | 6,240 | 1,373 | 22.00\% |
| Asthma (AST) | AST004 | The percentage of patients with asthma aged 14 or over and who have not attained the age of 20 , on the register, in whom there is a record of smoking status in the preceding 15 months. | 6 | 1,872 | 579 | 30.94\% |
| Atrial fibrillation | AF006NI | The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the $\mathrm{CHA}_{2} \mathrm{DS}_{2}$-VASc score risk stratification scoring system in the preceding 3 years (excluding those patients with a previous $\mathrm{CHADS}_{2}$ or $\mathrm{CHA}_{2} \mathrm{DS}_{2}-\mathrm{VASc}$ score of 2 or more). | 12 | 3,744 | 3,195 | 85.33\% |
| Atrial fibrillation | AF007 | In those patients with atrial fibrillation whose latest record of a $\mathrm{CHA}_{2} \mathrm{DS} 2-$ VASc score is 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy. | 10 | 3,120 | 3,120 | 100.00\% |
| Cancer (CAN) | CAN003 | The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the contractor receiving confirmation of the diagnosis. | 6 | 1,872 | 503 | 26.85\% |


| Indicator area | Indicator ID | Indicator definition | Points available (per practice) | Points Available (NI) | Points Achieved (NI) | $\%$ of points achieved |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Secondary prevention of coronary heart disease (CHD) | CHDOO2 | The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less. | 17 | 5,304 | 2,283 | 43.05\% |
| Secondary prevention of coronary heart disease (CHD) | CHD003NI | The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 3 years) is $5 \mathrm{mmol} / \mathrm{l}$ or less. | 17 | 5,304 | 5,098 | 96.12\% |
| Secondary prevention of coronary heart disease (CHD) | CHDO05 | The percentage of patients with coronary heart disease with a record in the preceding 15 months that aspirin, an alternative anti-platelet therapy, or anti-coagulant is being taken. | 7 | 2,184 | 2,165 | 99.11\% |
| Secondary prevention of coronary heart disease (CHD) | CHD007 | The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March. | 7 | 2,184 | 1,805 | 82.66\% |
| Chronic obstructive pulmonary disease (COPD) | COPD002NI | The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 15 months after entering on to the register. | 5 | 1,560 | 1,463 | 93.79\% |
| Chronic obstructive pulmonary disease (COPD) | COPD003 | The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 15 months. | 9 | 2,808 | 275 | 9.81\% |
| Chronic obstructive pulmonary disease (COPD) | COPD004NI | The percentage of patients with COPD with a record of $\mathrm{FEV}_{1}$ in the preceding 3 years. | 7 | 2,184 | 1,975 | 90.45\% |
| Chronic obstructive pulmonary disease (COPD) | COPD005NI | The percentage of patients with COPD and Medical Research Council dyspnoea grade $\geq 3$ at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 15 months. | 5 | 1,560 | 423 | 27.12\% |
| Chronic obstructive pulmonary disease (COPD) | COPD007 | The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March. | 6 | 1,872 | 1,598 | 85.38\% |
| Dementia (DEM) | DEM002 | The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 15 months. | 15 | 4,680 | 344 | 7.35\% |


| Indicator area | Indicator ID | Indicator definition | Points available (per practice) | Points Available (NI) | Points Achieved (NI) | \% of points achieved |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Dementia (DEM) | DEM003 | The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 6 months before and 6 months after entering on to the register. | 6 | 1,872 | 843 | 45.05\% |
| Depression (DEP) | DEP001NI | The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have had an assessment of the physical, psychological and social aspects of the condition by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded. | 21 | 6,552 | 2,431 | 37.11\% |
| Diabetes mellitus (DM) | DM002NI | The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less. | 8 | 2,496 | 1,480 | 59.31\% |
| Diabetes mellitus (DM) | DM003NI | The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 140/80 mmHg or less. | 10 | 3,120 | 1,541 | 49.41\% |
| Diabetes mellitus (DM) | DM004NI | The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 15 months) is 5 $\mathrm{mmol} / \mathrm{l}$ or less. | 6 | 1,872 | 902 | 48.18\% |
| Diabetes mellitus (DM) | DM006 | The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs). | 3 | 936 | 712 | 76.02\% |
| Diabetes mellitus (DM) | DM007 | The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is $59 \mathrm{mmol} / \mathrm{mol}$ or less in the preceding 15 months. | 17 | 5,304 | 4,345 | 81.92\% |
| Diabetes mellitus (DM) | DM008 | The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is $64 \mathrm{mmol} / \mathrm{mol}$ or less in the preceding 15 months. | 8 | 2,496 | 1,194 | 47.83\% |
| Diabetes mellitus (DM) | DM009 | The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is $75 \mathrm{mmol} / \mathrm{mol}$ or less in the preceding 15 months. | 10 | 3,120 | 1,754 | 56.21\% |
| Diabetes mellitus (DM) | DM010 | The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March. | 3 | 936 | 762 | 81.43\% |


| Indicator area | Indicator ID | Indicator definition | Points available (per practice) | Points Available (NI) | Points Achieved (NI) | $\%$ of points achieved |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Diabetes mellitus (DM) | DM012 | The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 15 months. | 4 | 1,248 | 128 | 10.27\% |
| Diabetes mellitus (DM) | DM015NI | The percentage of male patients with diabetes, on the register, with whom erectile dysfunction has been discussed. Where appropriate patients should have been offered advice/investigation/treatment. | 4 | 1,248 | 1,178 | 94.37\% |
| Heart failure | HF002NI | The percentage of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment between 3 months before and 15 months after entering on to the register. | 6 | 1,872 | 1,651 | 88.22\% |
| Heart failure | HF003 | In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB. | 10 | 3,120 | 2,701 | 86.56\% |
| Heart failure | HF004 | In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who are currently treated with an ACE-I or ARB, the percentage of patients who are additionally currently treated with a betablocker licensed for heart failure. | 9 | 2,808 | 2,765 | 98.45\% |
| Hypertension | HYP002NI | The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 15 months) is $150 / 90 \mathrm{mmHg}$ or less. | 20 | 6,240 | 1,144 | 18.33\% |


| Indicator area | Indicator ID | Indicator definition | Points available (per practice) | Points Available (NI) | Points Achieved (NI) | $\%$ of points achieved |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Mental health (MH) | MH002 | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 15 months, agreed between individuals, their family and/or carers as appropriate. | 6 | 1,872 | 299 | 15.96\% |
| Mental health (MH) | MH003 | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 15 months. | 4 | 1,248 | 299 | 23.96\% |
| Mental health (MH) | MH007 | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months. | 4 | 1,248 | 101 | 8.09\% |
| Mental health (MH) | MH008NI | The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years. | 5 | 1,560 | 1,290 | 82.69\% |
| Mental health (MH) | MH009 | The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months. | 1 | 312 | 202 | 64.75\% |
| Mental health (MH) | MH010 | The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months. | 2 | 624 | 275 | 44.05\% |
| Osteoporosis: secondary prevention of fragility fractures | OST002 | The percentage of patients aged 50 or over and who have not attained the age of 75 , with a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent. | 3 | 936 | 645 | 68.91\% |
| Osteoporosis: secondary prevention of fragility fractures | OST005 | The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bonesparing agent. | 3 | 936 | 571 | 60.95\% |
| Palliative Care (PC) | PC001 | The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age. | 3 | 936 | 921 | 98.40\% |
| Palliative Care (PC) | PC002 | The contractor has regular (at least 3 monthly) multi-disciplinary case review meetings where all patients on the palliative care register are discussed. | 3 | 936 | 936 | 100.00\% |


| Indicator area | Indicator ID | Indicator definition | Points available (per practice) | Points Available (NI) | Points Achieved (NI) | $\%$ of points achieved |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Rheumatoid arthritis (RA) | RA002 | The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 15 months. | 5 | 1,560 | 141 | 9.02\% |
| Rheumatoid arthritis (RA) | RA003NI | The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 3 years. | 7 | 2,184 | 1,496 | 68.52\% |
| Rheumatoid arthritis (RA) | RA004 | The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 3 years. | 5 | 1,560 | 811 | 52.00\% |
| Stroke and transient ischaemic attack (STIA) | STIA003 | The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15months) is 150/90 mmHg or less. | 5 | 1,560 | 549 | 35.17\% |
| Stroke and transient ischaemic attack (STIA) | STIA004NI | The percentage of patients with stroke and is shown to be nonhaemorrhagic or a history of TIA who have a record of total cholesterol in the preceding 3 years. | 2 | 624 | 583 | 93.48\% |
| Stroke and transient ischaemic attack (STIA) | STIA005NI | The percentage of patients with stroke shown to be non-haemorrhagic, or a history of TIA, whose last measured total cholesterol (measured in the preceding 3 years) is $5 \mathrm{mmol} / \mathrm{I}$ or less. | 5 | 1,560 | 1,506 | 96.57\% |
| Stroke and transient ischaemic attack (STIA) | STIA007 | The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 15 months that an antiplatelet agent, or an anti-coagulant is being taken. | 4 | 1,248 | 1,214 | 97.31\% |
| Stroke and transient ischaemic attack (STIA) | STIA008NI | The percentage of patients with a stroke or TIA (diagnosed on or after 1 April 2008) who have a record of a referral for further investigation between 3 months before and 1 month after the date of the latest recorded stroke or the first TIA. | 2 | 624 | 470 | 75.40\% |
| Stroke and transient ischaemic attack (STIA) | STIA009 | The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March. | 2 | 624 | 487 | 78.03\% |


| Indicator area | Indicator ID | Indicator definition | Points available (per practice) | Points Available (NI) | Points Achieved (NI) | $\%$ of points achieved |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Cardiovascular disease primary prevention (CVD-PP) | CVDPP011NI | The percentage of patients with a new diagnosis of hypertension recorded in the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who are aged 30 or over and who have not attained the age of 75 , who have a CVD risk assessment score recorded in the preceding 15 months. | 5 | 1,560 | 747 | 47.91\% |
| Cardiovascular disease primary prevention (CVD-PP) | CVDPP012NI | In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained the age of 75 , recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score in the preceding 15 months of $\geq 20 \%$ : the percentage who are currently treated with statins. | 5 | 1,560 | 902 | 57.79\% |
| Blood Pressure (BP) | BP002 | The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years. | 15 | 4,680 | 4,283 | 91.51\% |
| Smoking (SMOK) | SMOK001NI | The percentage of patients aged 15 or over whose notes record smoking status in the preceding 3 years. | 10 | 3,120 | 2,375 | 76.13\% |
| Cervical Screening | CS002NI | The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years. | 11 | 3,432 | 3,048 | 88.82\% |
| Sexual Health | CON003NI | The percentage of women, on the register, prescribed emergency hormonal contraception one or more times in the preceding 12 months by the contractor who have received information from the contractor about long acting reversible methods of contraception in the preceding 3 years. | 3 | 936 | 277 | 29.56\% |


| Indicator area | Indicator ID | Indicator definition | Points available (per practice) | Points Available (NI) | Points Achieved (NI) | \% of points achieved |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Patient Experience (PE) | PE001NI | The practice undertakes a survey of patients who have had contact with the practice (face to face or telephone consultation or prescription) within the past year with the question "Would you recommend your GP practice to someone who has just moved into the local area?" and one follow-up question (see guidance). The practice should survey at least $2 \%$ of the practice list size and need to get a minimum of 50 responses. A summary report is required to be submitted to the Regional Board by 31 March 2020. | 18 | 5,616 | 5,616 | 100.00\% |
| Records \& Systems | RS001 | General Practitioners in the contracting practice should use Clinical Communications Gateway (CCG) for referrals to all available Consultant led specialties. | 10 | 3,120 | 3,120 | 100.00\% |
| Records \& Systems | RS002 | The Practice reviews its own CCG Referral Data. Firstly to ensure that ALL GPs, including locums, are using CCG for referrals to all (available) Consultant led specialties. Secondly to look at referral patterns compared to previous years and neighbouring practices. | 20 | 6,240 | 6,240 | 100.00\% |
| Records \& Systems | RS003 | The practice engages with between three and six neighbouring practices to discuss outpatient referrals. This should include identifying any issues with CCG use and looking at referral patterns and pathways. | 20 | 6,240 | 6,240 | 100.00\% |
| Records \& Systems | RS004 | The Practice codes Emergency/Unplanned Admissions on receipt of the final paper or electronic discharge letter. Information should include Date of Admission, Specialty and Diagnosis. | 20 | 6,240 | 6,240 | 100.00\% |
| Records \& Systems | RS005 | The Practice runs the Data Quality in Practice (DQIP) minimum dataset queries (to include queries to calculate the electronic frailty index) in conjunction with the R\&S tool, supported by the clinical informatics team on a six monthly basis. The extracts are shared with the HSCB in pseudonymised form. The practice will create and maintain a patient frailty register by coding patients identified by the electronic frailty index, presented in a dashboard in the R\&S tool, using the appropriate Read code for mild, moderate or severe frailty. | 30 | 9,360 | 9,360 | 100.00\% |

An agreement regarding QOF achievement was in place between the HSCB and 9 practices in relation to issues which the HSCB recognised would impact on QOF achievement in $2020 / 21$. These issues related to practice closures, dispersals and mergers and the subsequent impact on practices. These 9 practices are excluded from all tables and analysis.

